

Name
in
Full

Madeline A Anderson

CERTIFICATE OF DEATH

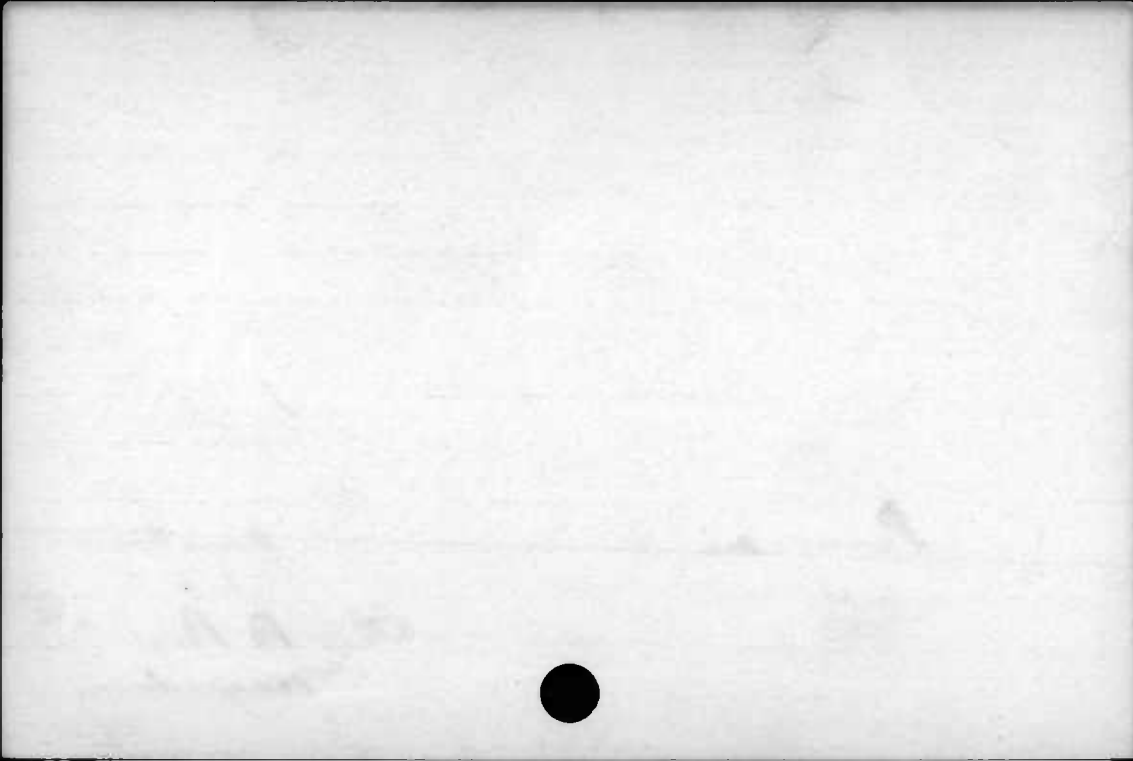
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>23</i>	Age <i>—</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>	
Married, Single or Widowed <i>—</i>			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert C Anderson</i>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>151</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>2 mos</i>
<i>Inanition</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M B Morrison</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Fred W. Baker

CERTIFICATE OF DEATH

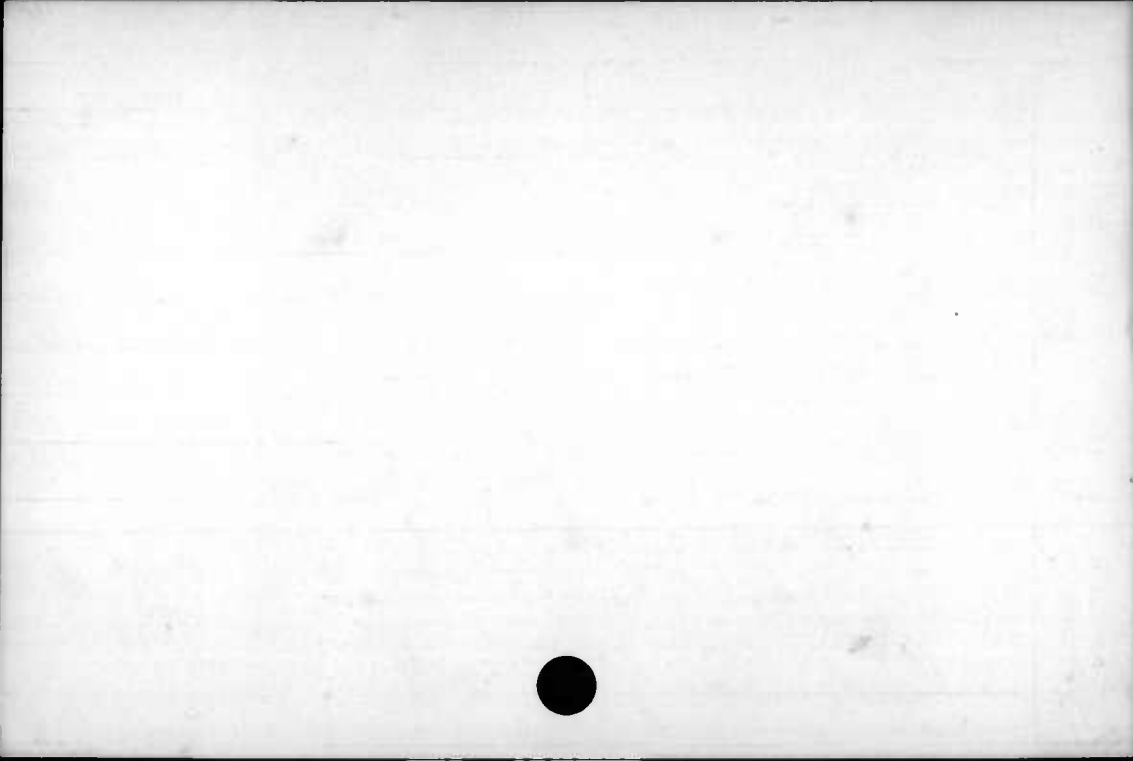
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>11</u>	Day <u>23</u>	Age <u>59</u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Hagerstown</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer.</u>				
Name of Wife <u>Mary A Baker.</u> Husband					
Father's Name <u>Wm Baker.</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Maria Baker.</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Emma Baker.</u> ²⁷			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of lungs</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. H. Baker</u>
	Address <u>Hagerstown, Md.</u>
Accident or Suicide?	



Name In Full

Certificate of Death

Annie Barnhart

Town

County

Died at

Leitersburg Washington

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

Age

55-2-10

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Morphine Overdose

How long sick

2 days

Death

Immediate

Constitutional Irritation

Accident, Suicide, Homicide

Reported by

Address

G. H. Wishard M.D.

Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name
in
Full

Daniel C. Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>1st</i>	Age <i>22</i> Years	Months <i>9</i>	Days <i>few days</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Camden MD</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Labourer</i>		
Name of Wife or Husband <i>Catherine J. Beard</i>					
Father's Name <i>Charles C. Beard</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Catherine J. Parnell</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Geo. H. H. H.</i>			How related to deceased <i>nothing</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastric Ulcer</i> <i>103</i>	How long	<i>Since Sept 23 1902</i>
Immediate	<i>Gastric Hemorrhage</i>	How long	<i>less than 24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. R. D. L. L.</i>	
		Address	
		<i>Smiths Ferry Maryland</i>	
Accident or Suicide?			



Name
in
Full

John Howard Blake

CERTIFICATE OF DEATH

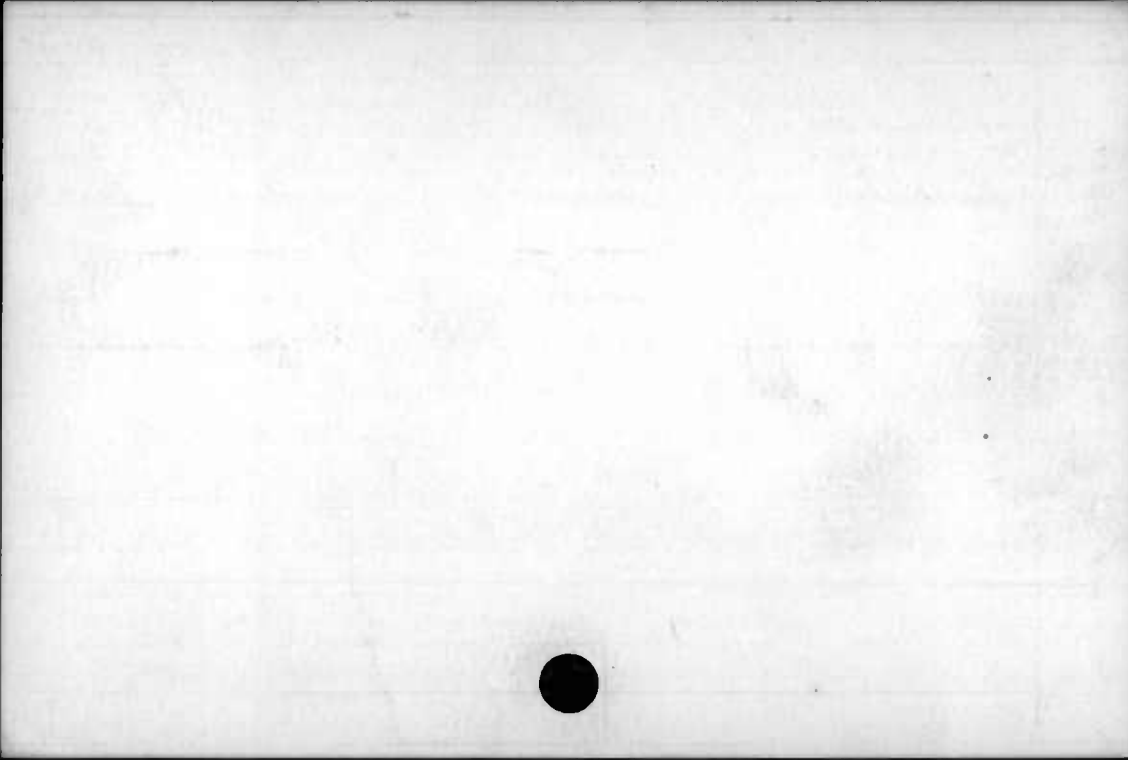
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County <i>Washington</i>		MARYLAND									
Date of death 190 <i>2</i>		Month <i>11</i>		Day <i>26</i>		Age <i>62</i>		Years <i>2</i>		Months <i>12</i>		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Married, Single or Widowed <i>Married</i>		Occupation <i>Newspaper Reporter</i>		Name of Wife or Husband <i>Mrs Alice Blake</i>		Father's Name <i>John Blake</i>		Father's Birthplace	
Mother's Maiden Name <i>Catharine Hammil</i>		Mother's Birthplace		Name of person giving information <i>Alice Blake</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>Two hours</i>	
Immediate <i>"</i>		How long <i>Two hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas B Boye, M.D.</i>	
Accident or Suicide?		Address <i>Hagerstown MD</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Philip N. Bonumbaugh Jr.		Town		County		MARYLAND	
Died at Hagerstown		Washington					
Date of death 1902	Month Nov	Day 7	Age 21	Years	Months 11	Days 1	
Sex Male	Color or Race white	Birth-place Md.					
Married, Single or Widowed Single	Occupation RR Conductor						
Name of Wife or Husband							
Father's Name Philip N Bonumbaugh	Father's Birthplace Md.						
Mother's Maiden Name Alice M Martin	Mother's Birthplace Md.						
Name of person giving information Father	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	2 weeks
Immediate	Septicemia	How long	2 Days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W.B. Morrison
		Address	Hagerstown Md
Accident or Suicide?	No		



Name
in
Full

Mrs. Manzella Bulman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>27</i>	Age <i>49</i>	Months <i>8</i>	Days <i>25</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Housewife</i>		
Name of Wife <i>E. M. G. Bulman</i> Husband					
Father's Name <i>Silas Bulman</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Leah Stottmeyer</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>E. M. G. Bulman</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>64</i>
Immediate <i>Apoplexy</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. S. Meason</i>
	Address <i>Hagerstown</i>
Accident or Suicide?	<i>Yes</i>



Name
in
Full

Margaret Emily Burger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Hagerstown* ^{County} *Washington* ^{MARYLAND}

Date of death 190 ^{Month} *2 Nov.* ^{Day} *15* ^{Years} *1* ^{Months} *7* ^{Days} *5*

Sex *female* Color or Race *white* Birth-place *Md.*

Married, Single or Widowed *single* Occupation *child.*

Name of Wife or Husband _____

Father's Name *William Burger* Father's Birthplace *Germany.*

Mother's Maiden Name *Annie Daymude* Mother's Birthplace *Va.*

Name of person giving information *Wm. Burger* How related to deceased *father.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *90* How long _____

Immediate *Pneumonia* How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Chas B. Paul M.D.*

Address *Hagerstown Md.*

Accident or Suicide? ☐



Name
in
Full

Harry Burkhardt

CERTIFICATE OF DEATH

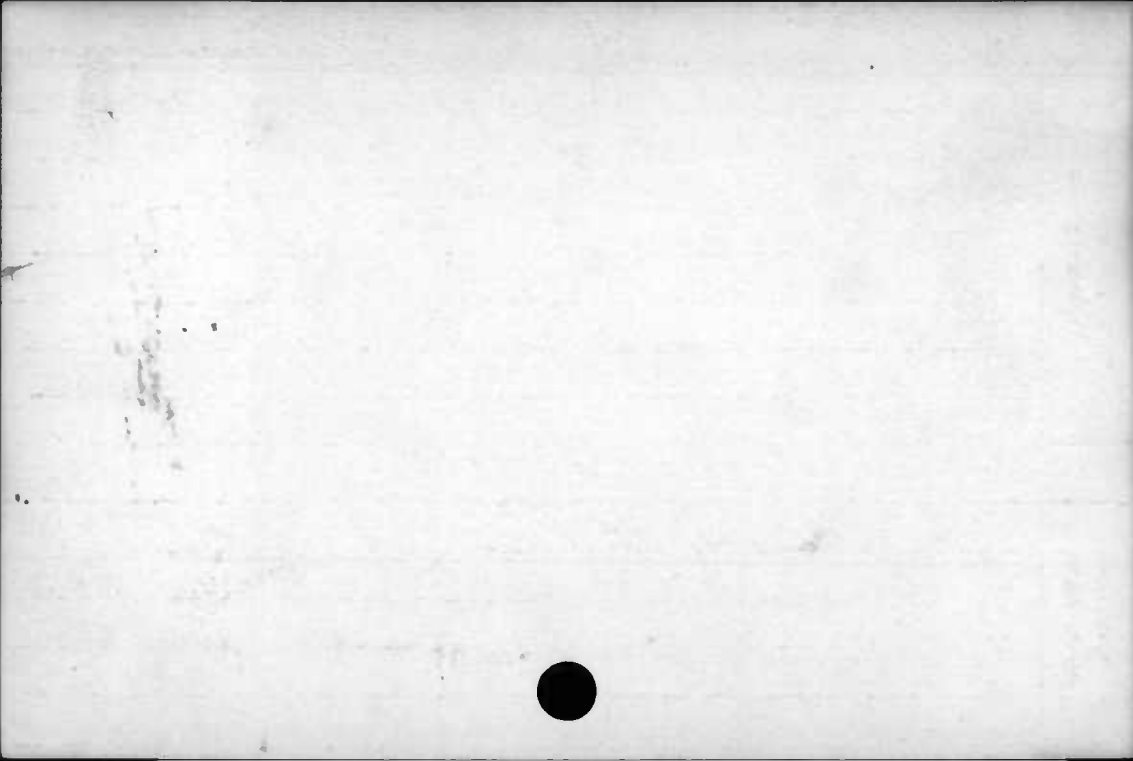
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Caretown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>11</u>	Day <u>27</u>	Age	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Telegraph Operator</u>				
Name of Wife or Husband <u>Carrie Beard</u>					
Father's Name <u>Luther Burkhardt Decd</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth Krouse</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mr George Hallingworth</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>20 days</u>
Immediate <u>Intestinal Hemorrhage</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. J. Riddleman</u>
	Address <u>Smithsonian Washington D C</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Egbert B Davidson

Died at ^{Town} Hayestown^{County} Washington

MARYLAND

Date of death 1902 Nov

Day 6

Age 61

Months 1

Days 12

Sex male

Color or Race white

Birth-place New York

Married, Single or Widowed Married

Occupation Painter

~~Name of Wife or~~
Husband

Virginia Davidson

Father's Name

Moses Davidson

Father's Birthplace

Mother's Maiden Name

Elizabeth Butler

Mother's Birthplace

Name of person giving information

Richard Davidson

How related to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intra cranial Hemorrhage

How long

5 days

Immediate

Exhaustion, etc

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Brandt Miller,
Hayestown,
Md.

Accident or Suicide?

no



Name
in
Full

Emma F. Davis

CERTIFICATE OF DEATH

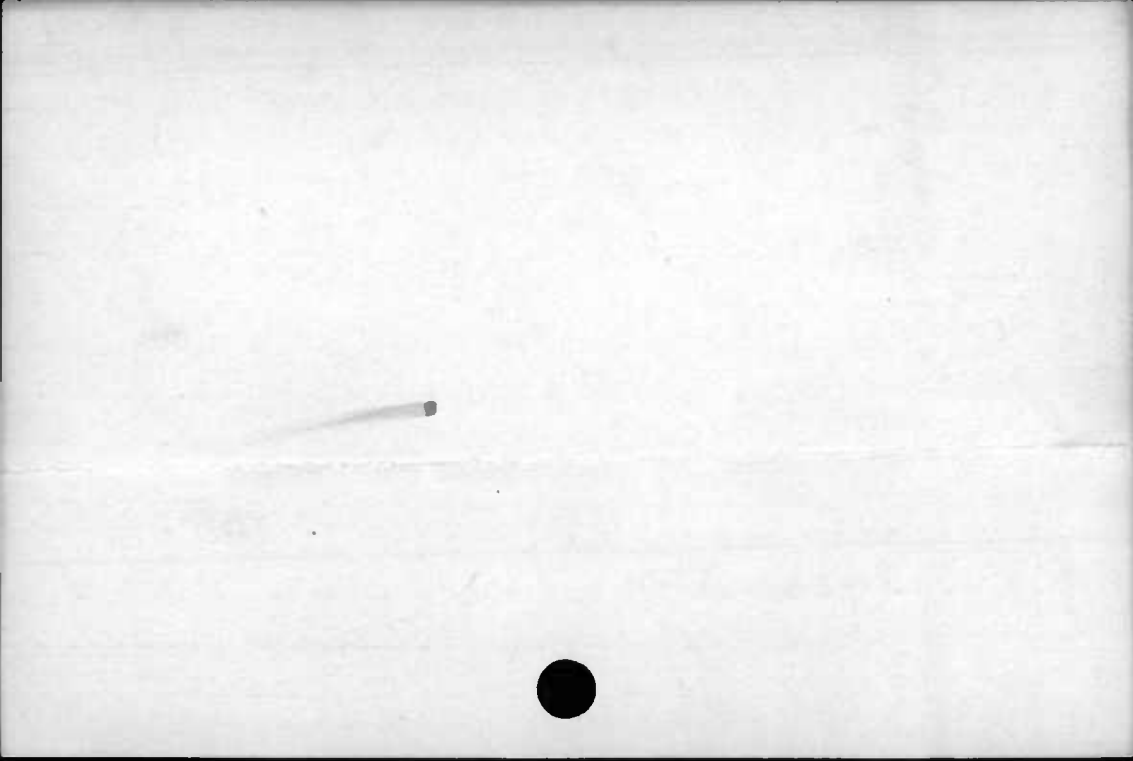
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month		Day		Years	
2		Mar		15		Age 36	
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Housewife	
Father's Name		Thomas M. Davis		Father's Birthplace		Md	
Mother's Maiden Name		Margaret M. Coffey		Mother's Birthplace		Md	
Name of person giving information		Self		How related to deceased		None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Euphyasema	How long	6 mos
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. M. Reichard	
		Address	
		Fairplay X	



Name
in
Full

CERTIFICATE OF DEATH

Mary J. Dousey

Died at ^{Town} Hagerstown

County

Wash

MARYLAND

Date

of death 190

2

Month

11

Day

30

Age

Years

6-8

Months

1

Days

Sex

Female

Color or
Race

Black

Birth-
place

Williamport
Md

Married, Single
or Widowed

Married

Occupation

Cook

Name of Wife or
Husband

Henry W Dousey

Father's
Name

Chas Dousey

Father's
Birthplace

Williamport

Mother's
Maiden Name

Ruth Harrison

Mother's
Birthplace

..

Name of person giving
Information

Henry W Dousey

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Bright's Disease 120

How long

Don't know

Immediate

Septicemia of Heart

How long

2 months or longer

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Walter F. Humes M.D.

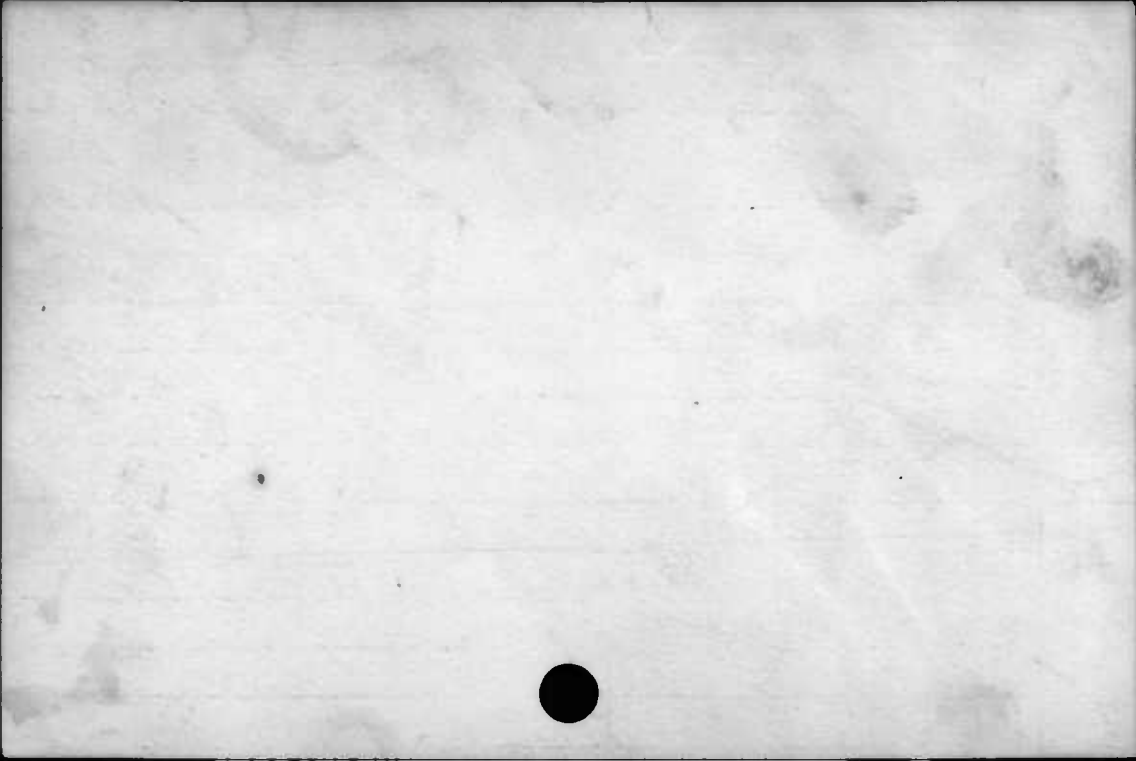
Address

228 Summit Ave.
Hagerstown Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In Full

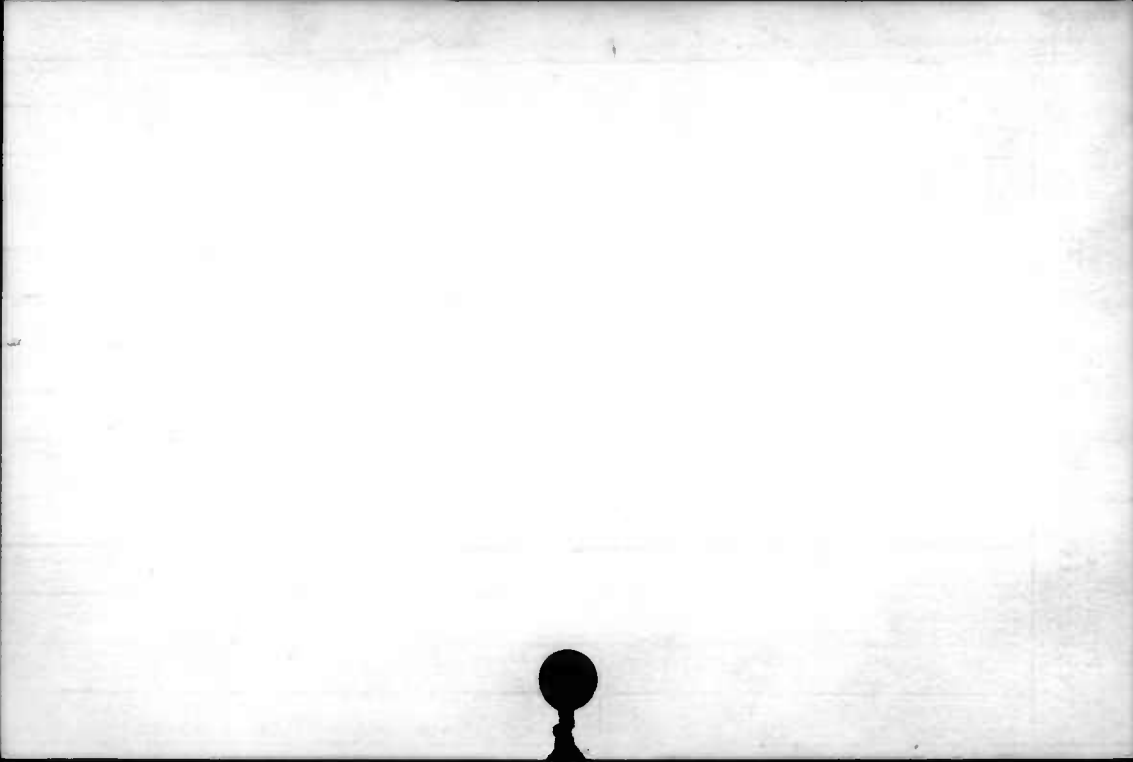
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 1902	Month <i>11</i>	Day <i>14</i>	Age <i>76</i> Years	Months <i>7</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widower</i>	Occupation <i>Well Contractor</i>				
Name of Wife or Husband <i>Harriet Wido</i>					
Father's Name <i>David Stark Covine</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Eraline Rautbrauff</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Mary E. Plumer</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH *46*PHYSICIAN
OR CORONER

Primary <i>Necrosis of sup. Maxillary bone</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. W. Pagan</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Infant of Marie Draper

Died at ^{Town} Hagerstown ^{County} Wash. MARYLAND

Date 1902 ^{Month} 11 ^{Day} 21 ^{Age} 2 hours ^{Native of} Ind. ^{Occupation} _____

Male ^{White} ^{Married} ^{Widow} ^{Divorced}
 Female ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of _____

Wife

Father's Name _____ Mother's Name Marie Draper

Cause of Death { Primary vent + tumor How long sick _____
 Immediate _____ Accident, Suicide, Homicide

Reported by Victor D. Miller, Jr.

Address 34 N. Franklin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



Name
in
Full

Ann Russell Emmert

CERTIFICATE OF DEATH

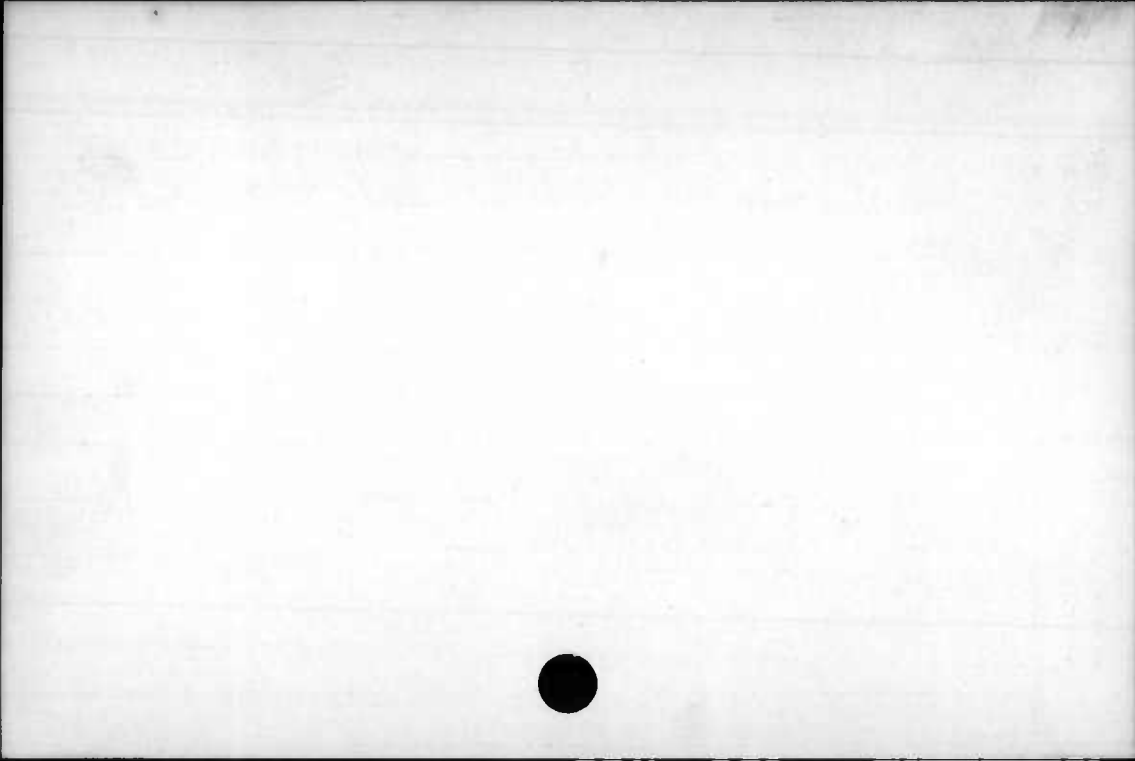
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boyersville</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>11</i>	Day	<i>27</i>	Years	<i>73</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>1</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>				Days <i>15</i>	
Name of Wife or Husband <i>Martin Emmert</i>							
Father's Name <i>John Russell</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Christine Harman</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mrs Wolfe</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Illness, Liver</i>	How long <i>Several yrs.</i>
Immediate <i>Gastritis & Exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Weston Miller</i>
	Address <i>Boyersville End</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Howard Jackson Ewing
 Town County
 Died at Pungen P.O. Washington MARYLAND

Date 1902 Mar. 4th
 Male White Married Age 1-10 Native of Md. Occupation
~~Female Colored~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

Husband of
 Wife

Father's Name Jos. Goring Mother's Maiden Name Katie Gichellenger

Cause of Death { Primary Capillary Bronchitis Immediate
 How long sick About a mo.
 Accident, Suicide, Homicide

Reported by E. M. Gurnett, M.D.
 Address Hampshire, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chas. S. Wade

Undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James D Fayman*

Died at *Hagerstown* ^{Town} *Washington* ^{County} *MARYLAND*

Date of death 1902 *Nov.* ^{Month} *10* ^{Day} *70* ^{Years} *3* ^{Months} *16* ^{Days}

Sex *Male* Color or Race *White* Birth-place *W. Va.*

Married, Single or Widowed *Widower* Occupation *Clerk*

Name of Wife *Margaret Fayman*

Father's Name *George Fayman* Father's Birthplace *W. Va.*

Mother's Maiden Name *Janees. Kerfer* Mother's Birthplace *Pa.*

Name of person giving information *Mrs. Frankham* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paresis* *66* How long *6 mos*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. D. Morrison*

Address *Hagerstown Md* *X*

Accident or Suicide? *no*

Salary %	236.00	975.04
Fire %	357.01	250
		<hr/>
Com. %	18 08	1125.04
Gen Prop. %	80 01	
Town Prop.	124 37	
Library %	250	
	<hr/>	
	1065 49	
	<hr/>	
	1125 04	
	<hr/>	
	59.57	

$$\begin{array}{r} 1216 \\ 1184 \\ \hline 32 \end{array}$$

Name
in
Full

CERTIFICATE OF DEATH

Norman S. Fridinger

Town

County

Died at Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

11

14

Age

33

Sex

Male

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Married

Occupation

Clerk

Name of Wife or
Husband

Louisa Wellinger

Father's
Name

John Fridinger

Father's
BirthplaceMother's
Maiden Name

Rebecca Peltz

Mother's
BirthplaceName of person giving
information

1920

How related
to deceased

CAUSES OF DEATH

Primary

Chronic Nephritis & Endocarditis

How long

3 or 4 years.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

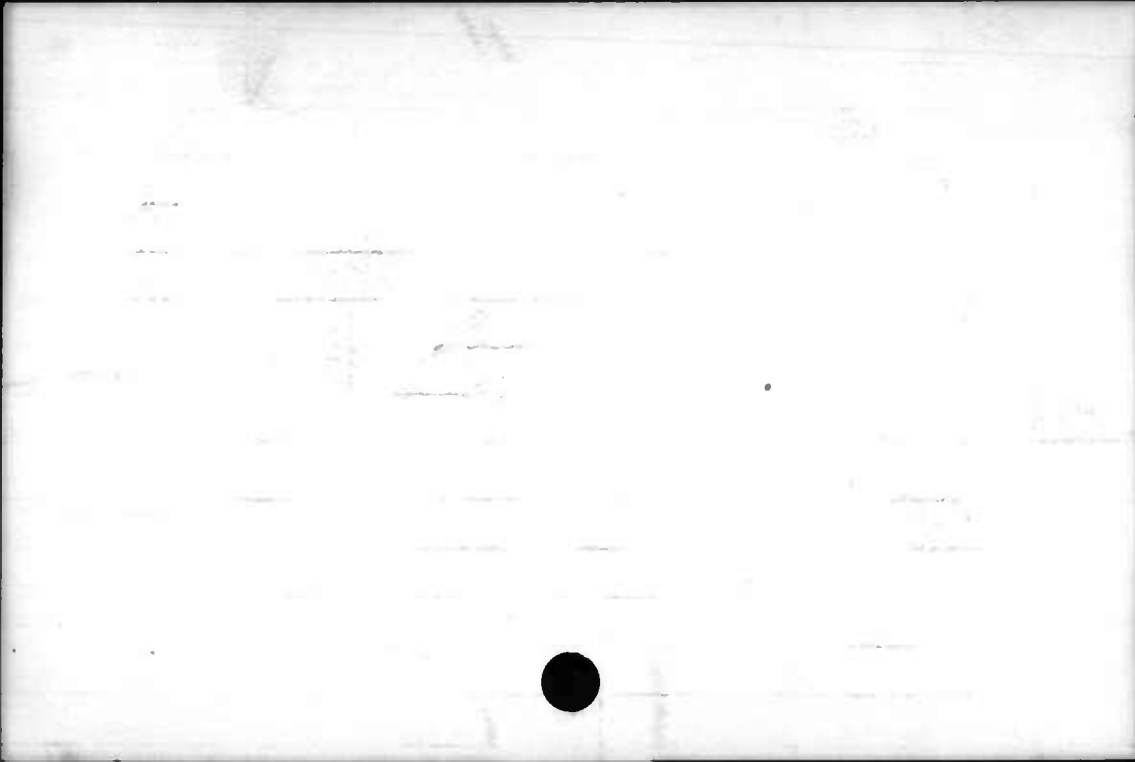
Address

Richard D. Dillman, Jr.
Hagerstown, Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Effie Garrett

1/4

Died at ^{Town} Williamsport ^{County} Washington

MARYLAND

Date 1902 . 11 . 12 Age 8 Native of Maryland Occupation none

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living .

Husband of
Wife

Father's Name William Garrett

Mother's Name Mary Garrett

Cause of Death { Primary Acute Pneumonia

How long sick
one week

Death { Immediate

Accident, Suicide, Homicide

Reported by Dr. J. T. Leoker 93

Address Williamsport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Still Born — Gordon

CERTIFICATE OF DEATH

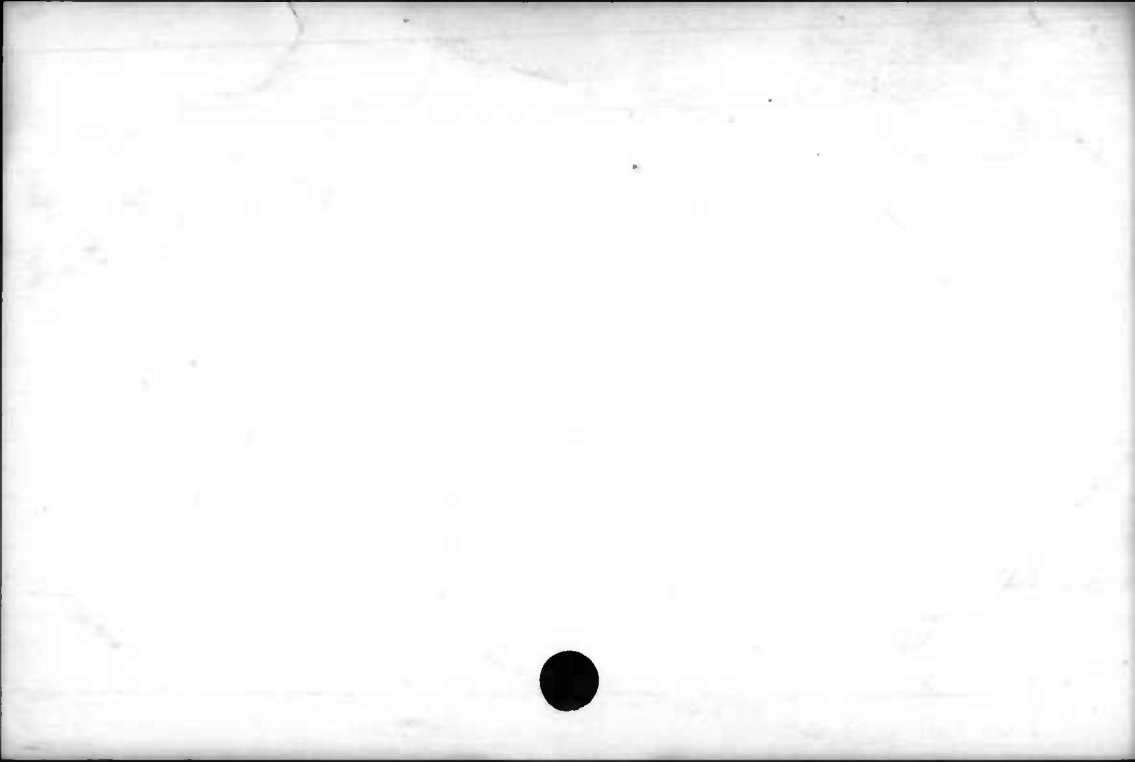
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Haguetown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190	2	Month	Nov	Day	16 th
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place	<u>Haguetown</u>
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>Harry</u>					
Father's Name <u>Harry C. Gordon</u>			Father's Birthplace <u>Pennsylvania</u>		
Mother's Maiden Name <u>Ann Mathan Harlaught</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>J. Brand Miser, M.D.</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Brand Miser</u>	
<u>yes</u>		Address <u>Haguetown, Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Miss Susan Gouff*

Died at *Locust Grove* ^{Town} *Washington* ^{County} *State* **MARYLAND**

Date of death 190 *2* Month *11* Day *21* Age *80* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Near Robinsonville*

Married, Single or Widowed *None* Occupation *None*

Name of Wife or Husband *None*

Father's Name *John Gouff* Father's Birthplace *Near Robinsonville*

Mother's Maiden Name *Barbara Robinson* Mother's Birthplace *11 11*

Name of person giving Information *Mr Sophia Haines* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* *66* How long *7 Days*

Immediate *Exhaustion* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr C & Baker*

Address *Robinsonville*

Accident or Suicide? *no*



Name In Full

Certificate of Death

Elizabeth - Harshman

Died at Benevola Town Wash County MARYLAND

Date 1962 Month Nov Day 14 Age 6 Y. M. D. Native of Benevola Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of _____
 Wife _____

Father's Name Charles Harshman Mother's Maiden Name Anna Moser

Cause of Death { Primary suicidation Immediate Enteric Colitis How long sick Since birth
 Accident, Suicide, Homicide

Reported by Dr. S. S. DavisAddress Boonsboro Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary S. Heard
 Town County

MARYLAND

Died at

Hagerstown

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

11

27

Age

82-8

Md

retired

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

N. B. Z. Heard

Henrietta Warfield

Cause of

Primary

Carcinoma - Liver

How long sick

Several months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. M. Scott

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Geo E Hedecine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown			^{County} Wooten		MARYLAND		
Date of death 1902		Month Nov	Day 18	Age 30	Years	Months	Days
Sex Male		Color or Race White		Birth-place Hagerstown			
Married, Single or Widowed		Single		Occupation Boat tender			
Name of Wife or Husband							
Father's Name Geo P Hedecine				Father's Birthplace Md			
Mother's Maiden Name Davis				Mother's Birthplace Md			
Name of person giving information Harry Hedecine				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis 27		How long 5 Wks
Immediate Dyspnea		How long Several hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A P Thompson
		Address
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Stanley James Henderson

Town

County

Died at

Hagerstown

Wash.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

Nov

26

Age

17

Sex

male

Color or
Race

white

Birth-
place

Pa

Married, Single
or Widowed

single

Occupation

student

Name of Wife or
HusbandFather's
Name

Robert Henderson

Father's
Birthplace

Scotland.

Mother's
Maiden Name

Charlotte Bowser

Mother's
Birthplace

"

Name of person giving
in formation

Robert Henderson

How related
to deceased

Father.

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis.

How long

17 years

Immediate

Exhaustion -

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Victor D. McMillen, Jr.

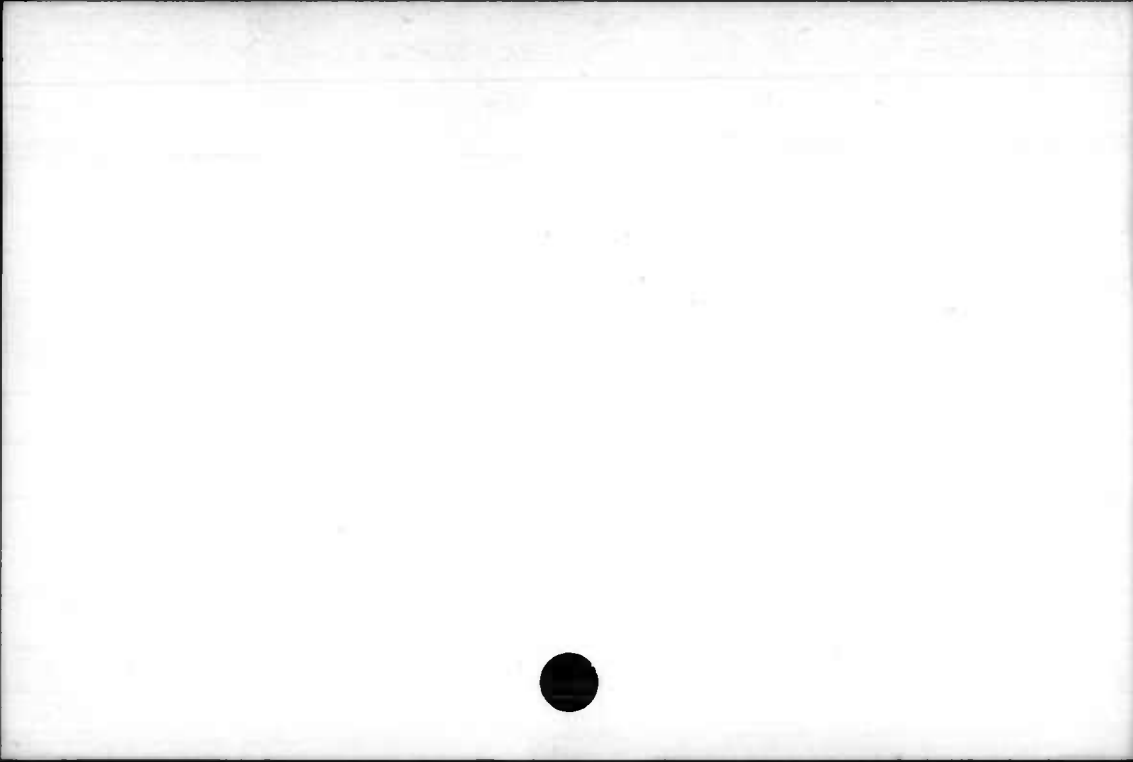
Address

Hagerstown, Md.

Accident or Suicide?

-

PHYSICIAN
OR CORONER



Name
in
Full

Leslie P. Hase

CERTIFICATE OF DEATH

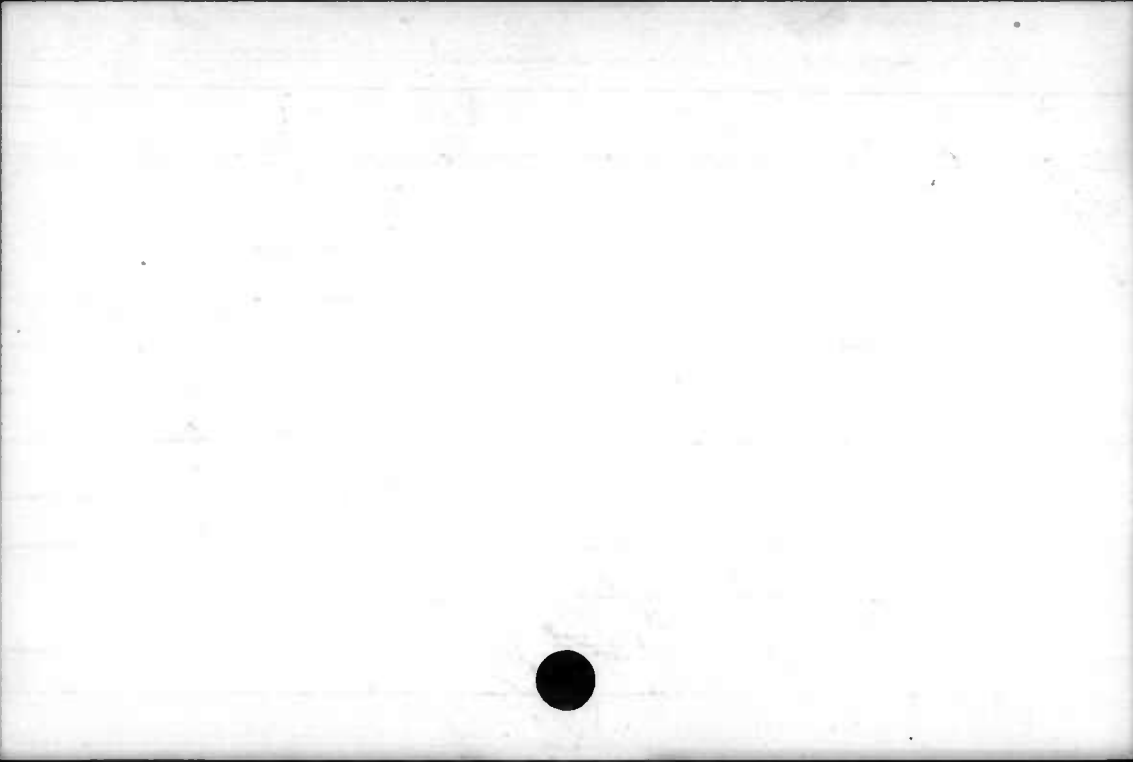
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>			<i>Washington</i> <small>County</small>			MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Hagerstown</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm A. Hase</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Mary E. Bauckman</i>				Mother's Birthplace <i>—</i>			
Name of person giving In formation <i>Wm Hase</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>105</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>M. P. Scott</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide?			



Name
in
Full

Clarence Edwin Huffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chewsville		County Washington		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	2	11	20	1	2	26	
Sex	Male		Color or Race	White		Birth-place	Chewsville
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Clarence E Huffer				Chewsville			
Mother's Maiden Name				Mother's Birthplace			
Mary Spessard				Chewsville			
Name of person giving information				How related to deceased			
Clarence Huffer				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-enteritis	How long	Two weeks
Immediate	Convulsions	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		O. H. Rague	
		Address	
		Hagerstown Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Wellington, Clark B. Hitchens

Town

County

Died at Brinsville

Washington

MARYLAND

Date 19	02	Month	Day	Y.	M.	D.	Native of	Occupation
		11	10	Age	22	9	24	md Artist
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death Immediate

How long sick

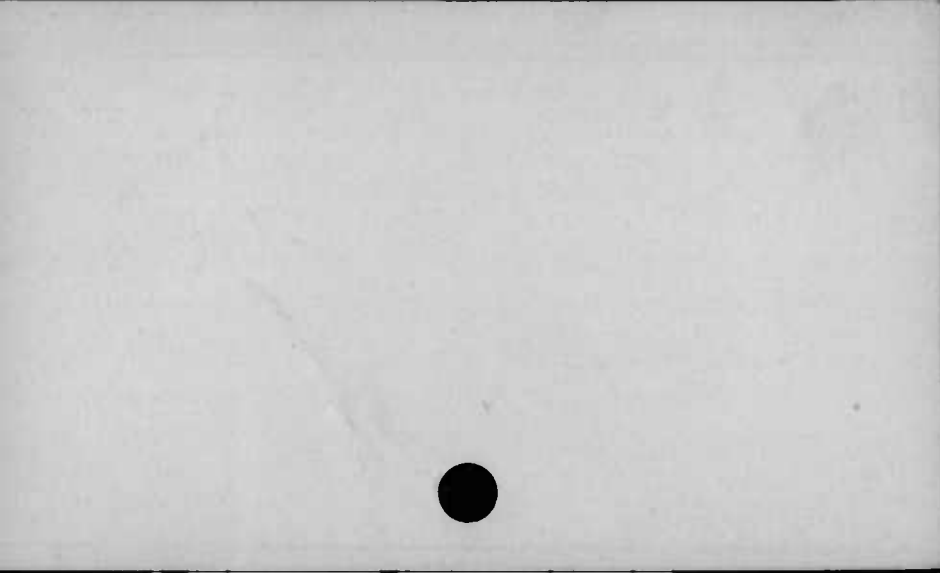
3 yrs & 9 mo

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Jamison

Town

County

State
MARYLAND

Died at

Chestnut-Grove

Washington

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

29

Age

1

6

Md

House

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~~~Husband~~
or~~Wife~~Father's
Name

Mother's

Maiden Name

John Jamison

Rosa Thomas

Cause of

Primary

Acute Indigestion

How long sick

5 Days

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Dr C & Baker

Address



Rohrsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md



Name
In
Full

Margaret Jones

CERTIFICATE OF DEATH

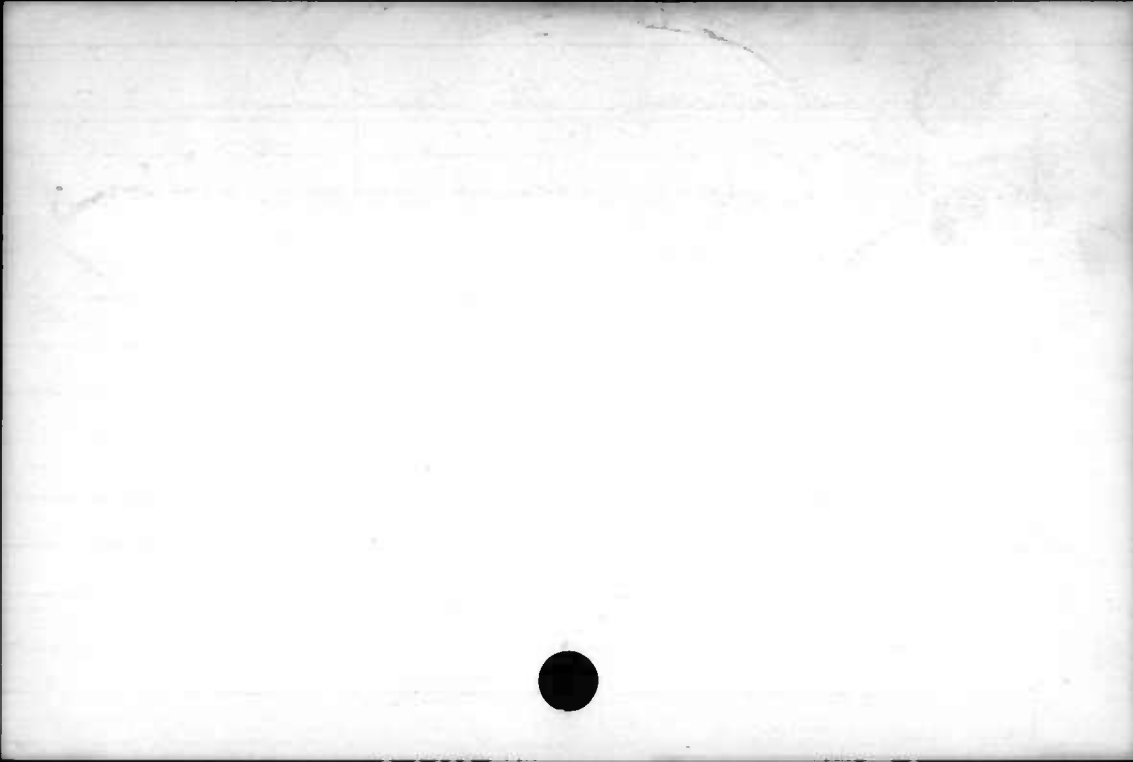
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Wash.</i>		County	
Date of death 190 <i>2</i>		Month <i>Nov.</i>		Day <i>- 18</i>		Age <i>75</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>		Months <i>—</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>H. W.</i>		Years <i>—</i>		Days <i>—</i>	
Name of Wife or Husband <i>Thos. D. Jones</i>				Father's Birthplace <i>Md.</i>			
Father's Name <i>Jacob Weller</i>				Mother's Birthplace <i>..</i>			
Mother's Maiden Name <i>Elizabeth Poffenberger</i>				How related to deceased <i>Husband</i>			
Name of person giving information <i>J. D. Jones</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastro Enteritis</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>106</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>McScott</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>X</i>	



Name In Full

Certificate of Death

Isaac G. Leiter

Town

County

Died at

MARYLAND

Date

1902 11 17 Y. M. D. Native of Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885



S. Hattie McDade

Died at ^{Town} Big Spring ^{County} Washington MARYLAND

Date 19 02 11 20 Age 51.2.7 Md Housewife
 Male White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ of W. E. McDade 10¢
 Wife
 Father's Name Benjamin Brown Mother's Name Sarah Lehman
 Maiden Name

Cause of Death { Primary Chronic gastro-intestinal catarrh - 15 months
 Immediate Heart failure
 How long sick 15 months
~~Accident, Suicide, Homicide~~

Reported by Abraham Shank, M. D.

Address Clear Spring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name
in
Full

CERTIFICATE OF DEATH

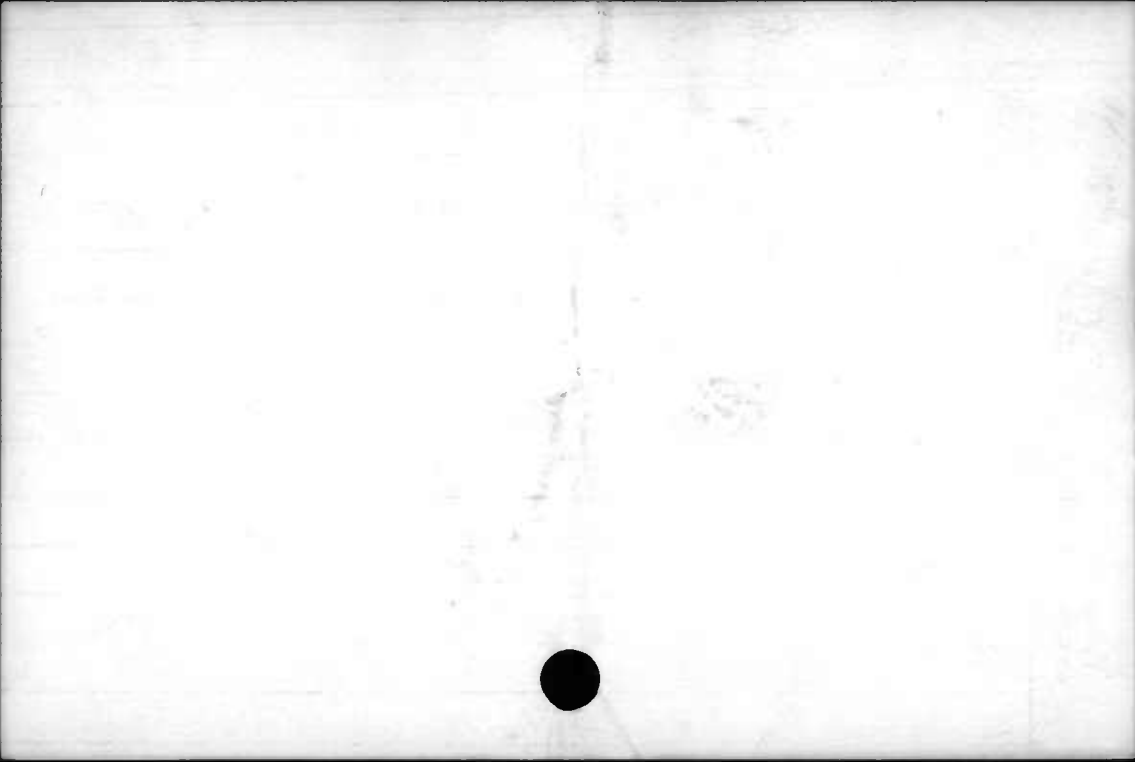
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Morgan</i>		Town <i>South Grove</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>South Grove</i>		Month <i>Nov</i>		Day <i>8</i>		Years <i>54</i>	
Date of death 1902		Month <i>Nov</i>		Day <i>8</i>		Years <i>54</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Worland</i>		Months <i>8</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>		Name of Wife or Husband <i>John Morgan</i>		Father's Birthplace <i>Ind</i>	
Father's Name <i>Joseph Morgan</i>		Mother's Maiden Name <i>✓</i>		How related to deceased <i>wife</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>Mrs Jno Morgan</i>		How related to deceased <i>wife</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>"</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease Heart</i>	How long	<i>1 year</i>
Immediate	<i>79</i>	How long	<i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W.B. Wheeler</i>	
		Address <i>Boonsboro</i>	
Accident or Suicide?		<i>Wash. Co</i>	



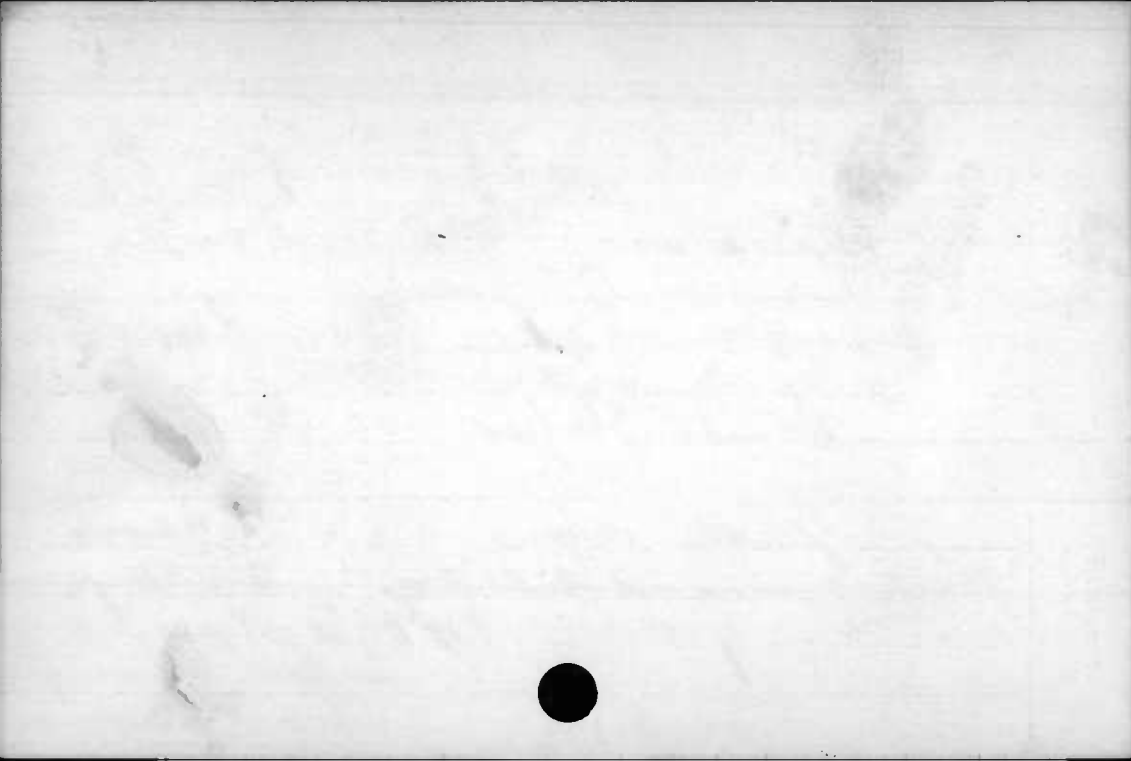
Name
in
FullCharles Neipirk ~~Wash~~N3
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Williamsport</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Nov.</u>	Day <u>9</u>	Years <u>24</u>	Months <u>—</u>	Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Wmport</u>		
Married, Single Widowed			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Emma Snooks</u>					
Father's Name <u>Victor H. Neipirk</u>			Father's Birthplace <u>Ind Wash Co.</u>		
Mother's Maiden Name <u>Catherine Neipirk</u>			Mother's Birthplace <u>Wash Co.</u>		
Name of person giving information <u>Falt</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

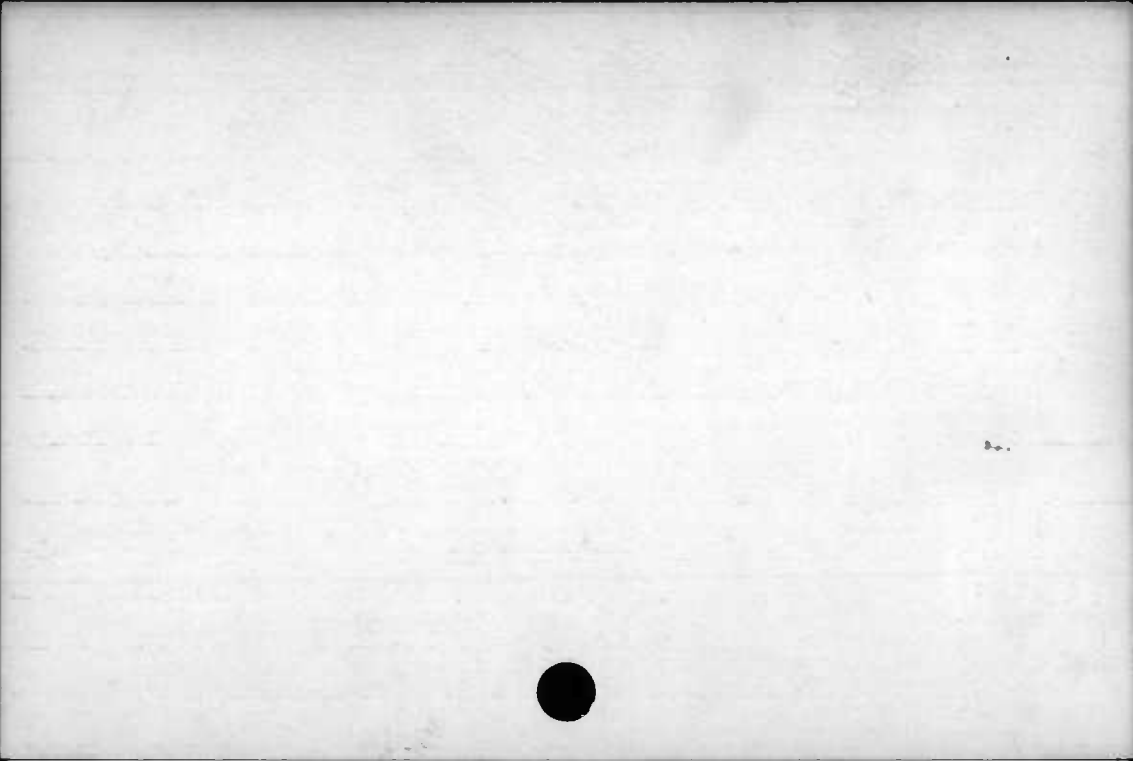
Primary <u>Typhoid fever</u>	How long <u>four weeks</u>
Immediate <u>Prostration</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. S. Richardson</u>
	Address <u>Williamsport Ind</u>
Accident or Suicide?	



Name in Full		Margarette Popes				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 1902		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						

CAUSES OF DEATH

PHYSICIAN OR CORONER		Primary	old age 154	How long	6 years
		Immediate	General debility	How long	2 days
		Are the name, age, sex, color, date and place correctly given above?		yes	
		Signature of Physician		W. R. Riddumore	
		Address		Smithsburg Maryland	
		Accident or Suicide?			



Name in Full		Elizabeth Redmon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ballou		County wash		MARYLAND
	Date of death 1902		Month Nov.	Day 23	Age 56	Years	Months Days
	Sex Female		Color or Race White		Birth-place Wash Co		
	Married, Single or Widowed Single		Occupation N.N.				
	Name of Wife or Husband -						
	Father's Name 27				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information Mrs D.H. Hager				How related to deceased Niece		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Tuberculosis				How long 10 Yrs		
	Immediate Pulmonary hemorrhage				How long 10 minutes		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician M.B. Morrison		
	Address Hagerstown				X		
Accident or Suicide? No							



Name in Full

Certificate of Death

Rolla Raymond Feibert

Town

County

MARYLAND

Died at

Clearspring Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

11

14

Age

10 24

Md

Male

White

~~Married~~~~Widow~~~~Single~~~~Female~~~~Colored~~~~Single~~~~Widow~~~~Number of children living~~

Husband

or

Wife

Father's

Name

Halter D. Feibert

Mother's

Maiden Name

Virgie Feidt

Cause of

Primary

Cerebro Spinal Meningitis 3 weeks

How long sick

Death

Immediate

Exhaustion

~~Accident Suicide Homicide~~

Reported by

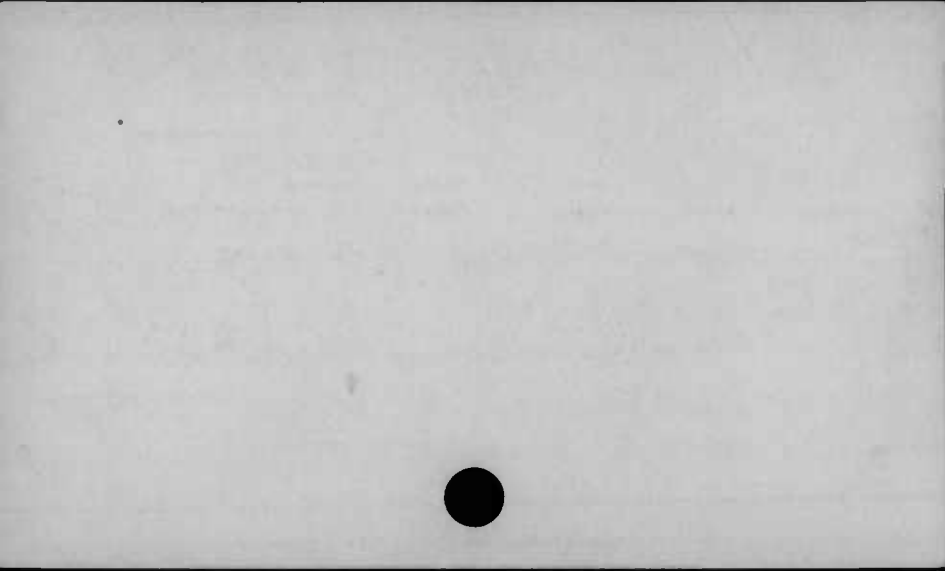
Abram Shank M. D.

Address

Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs Elizabeth Shultz

Town

County

Washington

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Nov 23

Age 80

Maryland

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

5

Husband of

Edward Shultz dec'd 170

Wife

Father's

Mother's

Name

Tobias

Maiden Name

Nat. Keenan

Cause of

Primary

Chronic Tubular Nephritis

How long sick

2 months

Death

Immediate

Uraemic coma

~~Accident, Suicide, Homicide~~

Reported by

Joseph L. Swinley M.D.

Address

Shady Grove

Penna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Herbert Shipps

CERTIFICATE OF DEATH

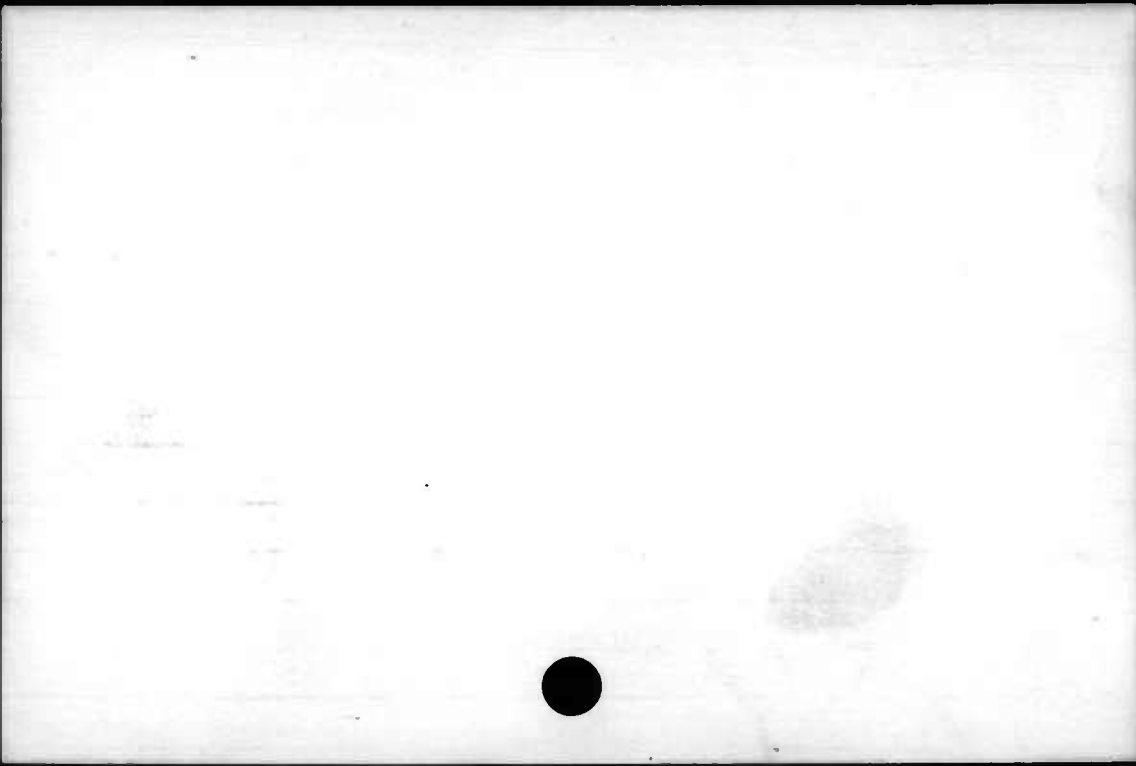
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	2	Month	Nov	Day	6
Age		Years	1	Months	11
Sex		Male		Color or Race	
Married, Single or Widowed		Occupation		Child	
Name of Wife or Husband					
Father's Name			Cyrus Shipps		
Father's Birthplace			Franklin Co. Pa.		
Mother's Maiden Name			Mary Blair		
Mother's Birthplace			Franklin Co. Pa.		
Name of person giving information			Cyrus Shipps		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Meningitis</i>	<i>61</i>
Are the name, age, sex, color, date and place correctly given above?	How long <i>One week</i>
<i>Yes</i>	Signature of Physician <i>Mary A. Laughlin.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	



George William Shaw.

Town

County

Died at Haguslocton Washington MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Nov. 25 Age 59 3. 25 W. Va Confectioner

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of Henrietta V. Ho. Shaw -

Father's Name Geo. W. Shaw Mother's Name Margaret Ellen Snyder

Cause of Primary Chronic Bronchitis

How long sick

3 weeks

Death Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by A. W. Ragau, M.D.

Address Haguslocton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edward Staker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 190 ^{Month} 2 ^{Day} Nov. ^{Years} 16 Age ^{Months} 57 ^{Days}

Sex male Color or Race white Birth-place Md.

Married, Single or Widowed single Occupation Lawyer

Name of Wife or Husband

Father's Name E. W. G. Staker Father's Birthplace Md.

Mother's Maiden Name Anna Mother's Birthplace Md.

Name of person giving information William Staker How related to deceased brother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Organic Disease of Heart. How long Several months

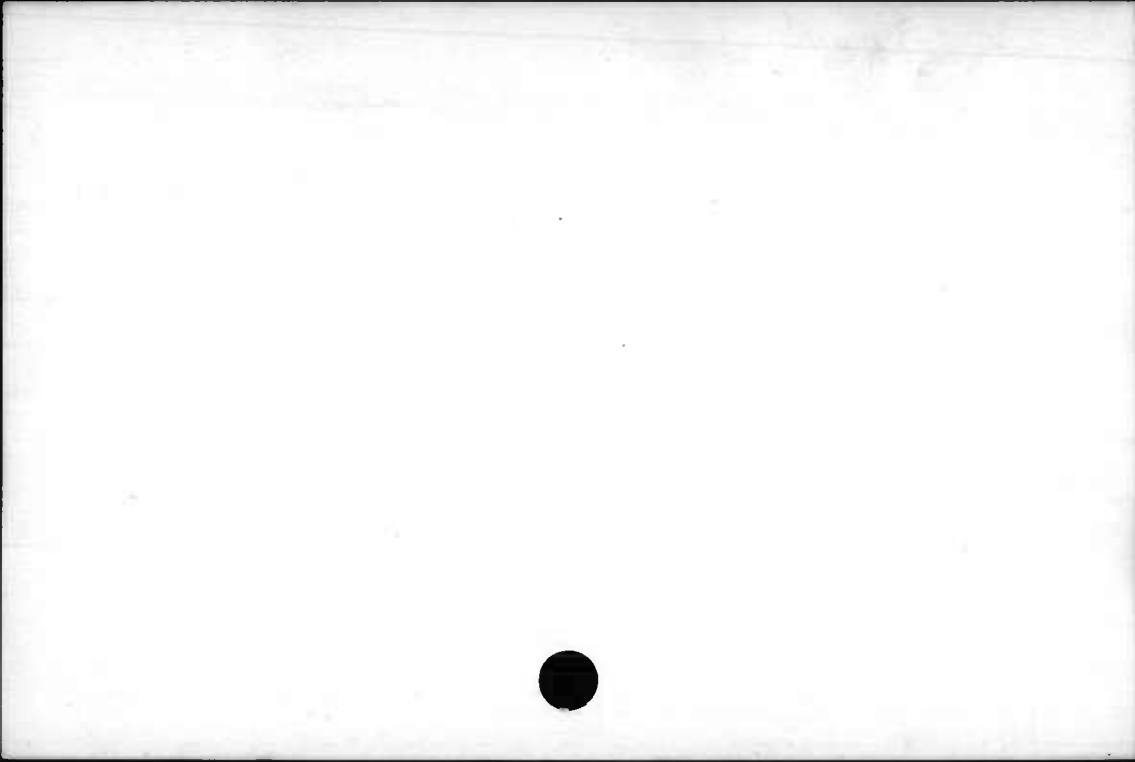
Immediate Cardiac Paralysis How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. H. H. H.

Address Hagerstown

Accident or Suicide?



Name
in
Full

Geo. M. Sterling -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
2		10	21	62	7	15	
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Married, Single or Widowed		Occupation					
Married		Saloon Keeper,					
Name of Wife or Husband		Annie R. Sterling -					
Father's Name		Father's Birthplace					
Saul. Sterling		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Melians		Maryland					
Name of person giving information		How related to deceased					
Annie R. Sterling (Wife)		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Prognathism with tubular tears of retraction	How long	Had weeks
Immediate	Orphacostion	How long	small days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		O. H. H. Rogers	
		Address	
		Hagerstown, Md.	
Accident or Suicide?			



Name
in
Full

Julia Marie Tanner.

CERTIFICATE OF DEATH

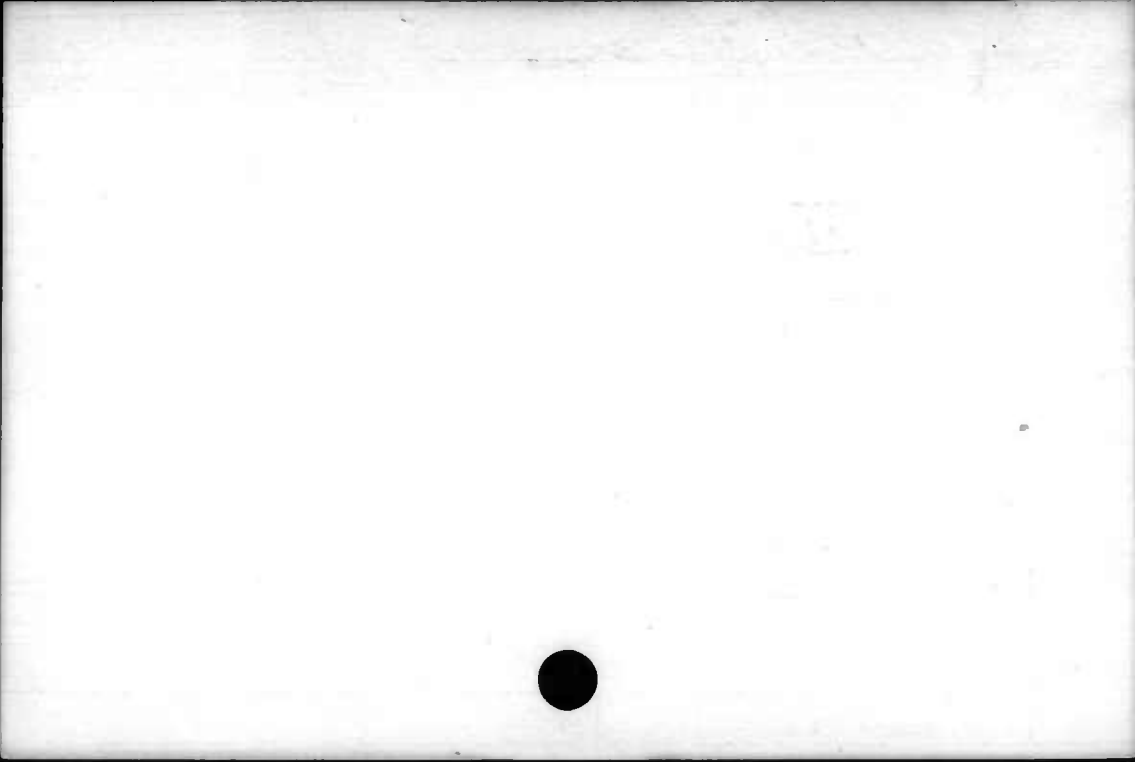
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	2	Month	2	Day	15
Age		Years		Months	3
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>md.</i>
Married, Single or Widowed	<i>single</i>	Occupation <i>child</i>			
Name of Wife or Husband _____					
Father's Name			Father's Birthplace		
<i>James F. Tanner</i>			<i>va.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Annie A. Speak</i>			<i>md.</i>		
Name of person giving information			How related to deceased		
<i>James F. Tanner</i>			<i>father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>2 wks</i>
Immediate	<i>Exhaustion</i>	How long	<i>105</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm. P. ...</i>	
		Address	
		<i>Hagerstown md</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Infant Taylor No 116

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>13</i>	Age <i>7</i> ^{Years}	Months <i>—</i>	Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Williamsport,</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Saml - Taylor</i>			Father's Birthplace <i>Claylick, Pa.</i>		
Mother's Maiden Name <i>Edith Drury</i>			Mother's Birthplace <i>Claylick, Pa.</i>		
Name of person giving information <i>Saml - Taylor</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

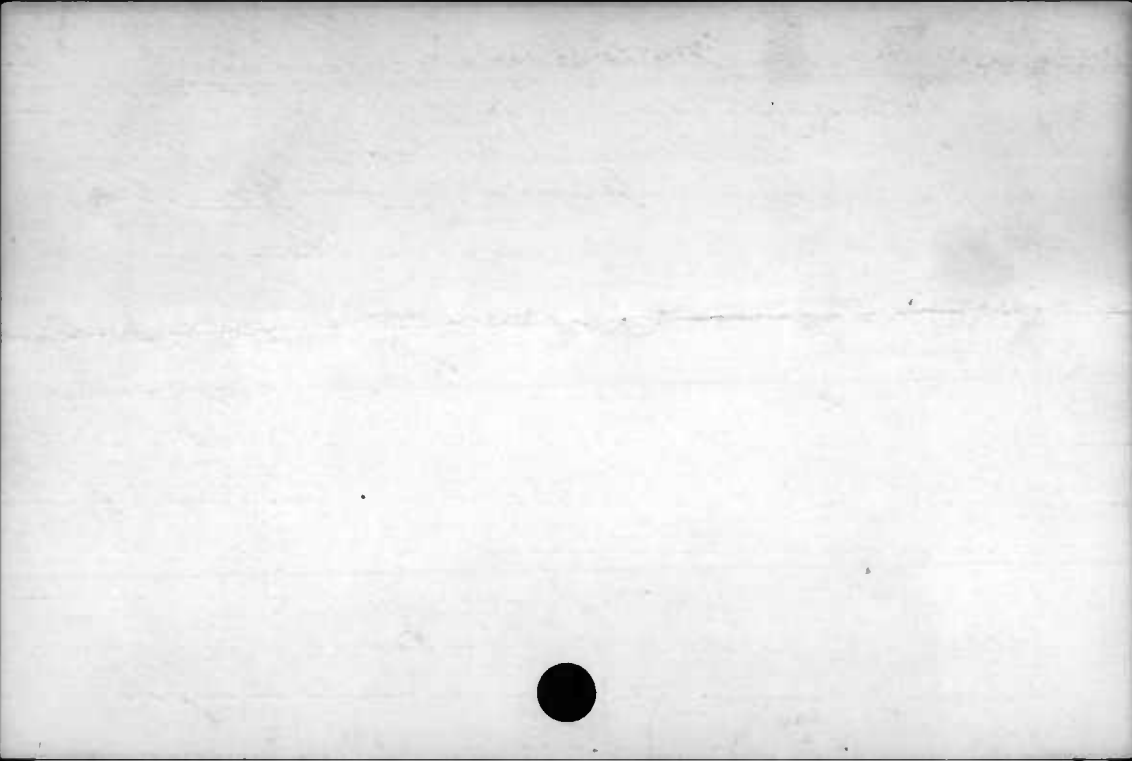
Primary <i>Premature Birth - 7th month</i>	How long <i>✓</i>
Immediate <i>—</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Theo. Boose</i>
	Address <i>Williamsport, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Lizzie A Thomas				CERTIFICATE OF DEATH	
Died at		Town		County		State	
Chestnut-Grove		Washington		Maryland			
Date of death 1902		Month 11		Day 21		Age 18	
Sex Female		Color or Race White		Birth-place Antietam			
Single		Occupation		None			
Name of Wife or Husband		None					
Father's Name		Wm Thomas				Father's Birthplace Scotland Ohio	
Mother's Maiden Name		Annice Thomas				Mother's Birthplace Md	
Name of person giving information		Ervin Thomas				How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		Croup 27		How long 1 year	
	Immediate		Exhaustion		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician C. D. Baker, M.D.	
	Accident or Suicide?				Address Rohrer'sville Ind	



Name in Full

Certificate of Death

Elda L. Weiderhall

112

MARYLAND

Died at ^{Town} *Williamport* ^{County} *Washington*

Date 19 *02* ^{Month} *Nov* ^{Day} *4* ^{Age} *7* ^{Y.} *11* ^{M.} ^{D.} ^{Native of} *Med* ^{Occupation} _____
^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}
^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of _____
Wife

Father's Name *Joseph Weiderhall* Mother's Name *Louisa Heim*

Cause of Death { Primary *Struck by stone.*

Death { Immediate *Peritonitis.*

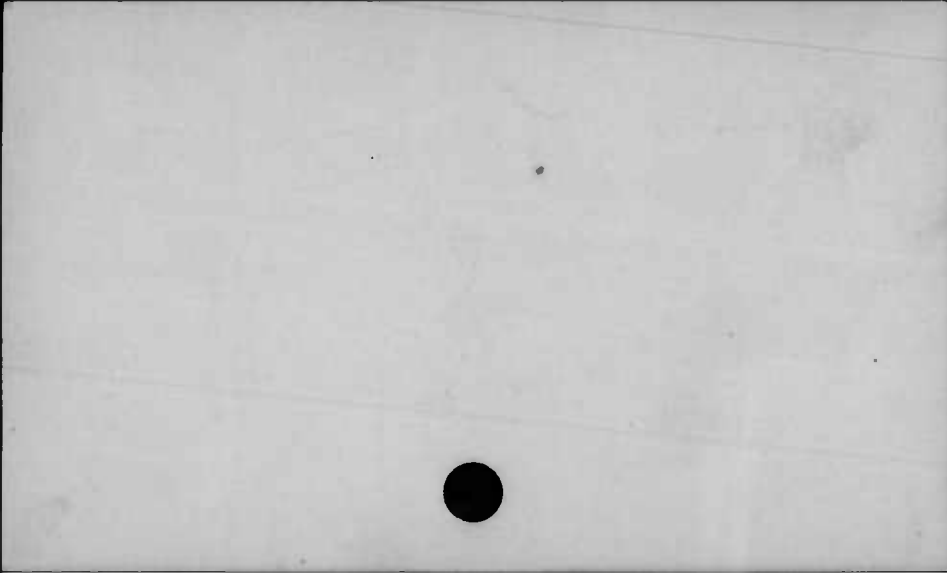
How long sick _____
Not known.
Accident, Suicide, Homicide

Reported by *W. A. Richardson*

Address *Williamport Md*

166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs. Martha Wolf

11/5
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamport</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>14</i>	Age <i>73</i>	Years	Months <i>2</i>	Days <i>11</i>	
Sex <i>Female.</i>		Color or Race <i>white</i>		Birth-place <i>Shepherdstown</i>			
Married, Single or Widowed				Occupation <i>Housekeeper</i>			
Name of Wife or Husband <i>Joseph Wagon</i>							
Father's Name <i>Wm. Taylor</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>Six months</i>
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamport Md</i>
Accident or Suicide?	

